



# Animal Bite

County \_\_\_\_\_

LHJ Use ID \_\_\_\_\_  
☐ Reported to DOH Date \_\_\_\_/\_\_\_\_/\_\_\_\_

By: ☐ Lab ☐ Clinical  
☐ Epi-Link: \_\_\_\_\_

☐ Outbreak-related

LHJ Cluster# \_\_\_\_\_

LHJ Cluster Name: \_\_\_\_\_

DOH Outbreak # \_\_\_\_\_

## REPORT SOURCE

LHJ notification date \_\_\_\_/\_\_\_\_/\_\_\_\_

Reporter (check all that apply)

☐ Lab ☐ Hospital ☐ HCP

☐ Public health agency ☐ Other

OK to talk to case? ☐ Yes ☐ No ☐ Don't know

Investigation  
start date:  
\_\_\_\_/\_\_\_\_/\_\_\_\_

Reporter name \_\_\_\_\_

Reporter phone \_\_\_\_\_

Primary HCP name \_\_\_\_\_

Primary HCP phone \_\_\_\_\_

## PATIENT INFORMATION

Name (last, first) \_\_\_\_\_

Address \_\_\_\_\_ ☐ Homeless

City/State/Zip \_\_\_\_\_

Phone(s)/Email \_\_\_\_\_

Alt. contact ☐ Parent/guardian ☐ Spouse ☐ Other Name: \_\_\_\_\_

Zip code (school or occupation): \_\_\_\_\_ Phone: \_\_\_\_\_

Occupation/grade \_\_\_\_\_

Employer/worksite \_\_\_\_\_ School/child care name \_\_\_\_\_

Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_

Gender ☐ F ☐ M ☐ Other ☐ Unk

Ethnicity ☐ Hispanic or Latino ☐ Unk

☐ Not Hispanic or Latino

Race (check all that apply)

☐ Amer Ind/AK Native ☐ Asian

☐ Native HI/other PI ☐ Black/Afr Amer

☐ White ☐ Other ☐ Unk

## CLINICAL INFORMATION

### Hospitalization

**Y N DK NA**

☐ ☐ ☐ ☐ Hospitalized for this illness

Hospital name \_\_\_\_\_

Admit date \_\_\_\_/\_\_\_\_/\_\_\_\_ Discharge date \_\_\_\_/\_\_\_\_/\_\_\_\_

**Y N DK NA**

☐ ☐ ☐ ☐ Died from illness Death date \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ ☐ ☐ ☐ Autopsy Place of death \_\_\_\_\_

### Laboratory

P = Positive O = Other  
N = Negative NT = Not Tested  
I = Indeterminate

Collection date \_\_\_\_/\_\_\_\_/\_\_\_\_

**P N I O NT**

☐ ☐ ☐ ☐ ☐ Animal rabies testing

Date animal submitted for testing: \_\_\_\_/\_\_\_\_/\_\_\_\_

Results expected date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Lab submitted to: \_\_\_\_\_

## NOTES

### Vaccinations

**Y N DK NA**

☐ ☐ ☐ ☐ Rabies vaccine completed in past (at least 3 doses)

Date of last rabies vaccine: \_\_\_\_/\_\_\_\_/\_\_\_\_

Total # rabies doses: \_\_\_\_\_

☐ ☐ ☐ ☐ Tetanus vaccine in the last 5 years

Date of last tetanus dose: \_\_\_\_/\_\_\_\_/\_\_\_\_

**EXPOSURE****Y N DK NA**

- ☐ ☐ ☐ ☐ Travel out of the state, out of the country, or outside of usual routine  
 Out of: ☐ County ☐ State ☐ Country  
 Destinations/Dates: \_\_\_\_\_  
 \_\_\_\_\_

**Y N DK NA**

- ☐ ☐ ☐ ☐ Animal exposure  
 Type of animal exposure:  
☐ Bite ☐ Saliva ☐ Scratch  
☐ Bat in house ☐ Bat in sleeping area  
☐ Other: \_\_\_\_\_ ☐ Unk  
 Type of animal:  
☐ Bat ☐ Cat ☐ Dog ☐ Ferret ☐ Raccoon  
☐ Other: \_\_\_\_\_ ☐ Unk  
 Animal status:  
☐ Domestic ☐ Stray ☐ Wild  
☐ Other: \_\_\_\_\_ ☐ Unk  
 Animal description: \_\_\_\_\_  
 Breed: \_\_\_\_\_  
 Animal name: \_\_\_\_\_

**Y N DK NA**

- ☐ ☐ ☐ ☐ Injury or exposure circumstances known  
 Date of exposure: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Exposure location: \_\_\_\_\_  
 Anatomic site of injury or wound (e.g. head, arm): \_\_\_\_\_  
 Circumstances of animal exposure: \_\_\_\_\_  
 \_\_\_\_\_  
 Wound cleaned: ☐Y ☐N ☐DK ☐NA  
 Animal exposure provoked: ☐Y ☐N ☐DK ☐NA  
 Others exposed to animal: ☐Y ☐N ☐DK ☐NA

**Y N DK NA**

- ☐ ☐ ☐ ☐ Animal vaccination history known  
 Animal rabies vaccination status:  
☐ Unvaccinated or vaccine not current  
☐ Vaccinated ☐ Unk  
 Date of (animal) last rabies vaccine: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Total # (animal) rabies doses: \_\_\_\_\_

**Y N DK NA**

- ☐ ☐ ☐ ☐ Animal contact/control information known  
 if yes:  
 Animal owner or location (e.g. park) name: \_\_\_\_\_  
 \_\_\_\_\_  
 Owner or location address: \_\_\_\_\_  
 \_\_\_\_\_  
 Owner or location phone number: \_\_\_\_\_  
 Veterinary clinic name: \_\_\_\_\_  
 Clinic address: \_\_\_\_\_  
 Clinic phone: \_\_\_\_\_  
 Veterinarian name: \_\_\_\_\_  
 Animal control contact name: \_\_\_\_\_  
 Animal control contact phone: \_\_\_\_\_

**Where did exposure probably occur?** ☐ In WA (County: \_\_\_\_\_) ☐ US but not WA ☐ Not in US ☐ Unk

**Exposure details:** \_\_\_\_\_

☐ **No risk factors or exposures identified**

☐ **Patient could not be interviewed**

**PUBLIC HEALTH ISSUES****Y N DK NA**

- ☐ ☐ ☐ ☐ Other persons exposed to animal

**PUBLIC HEALTH ACTIONS**

- Animal disposition: ☐ Lost to follow-up ☐ Sent for testing  
☐ Under observation (dog, cat or ferret only)  
☐ Healthy after 10 day observation  
☐ Other: \_\_\_\_\_  
 Quarantine site contact name: \_\_\_\_\_  
 Quarantine site address: \_\_\_\_\_  
 Quarantine site phone: \_\_\_\_\_

**NOTES**

Investigator \_\_\_\_\_ Phone/email: \_\_\_\_\_

Investigation complete date \_\_\_\_/\_\_\_\_/\_\_\_\_

Local health jurisdiction \_\_\_\_\_

Record complete date \_\_\_\_/\_\_\_\_/\_\_\_\_

Animal Bite: case defining variables are in **bold**. Answers are: Yes, No, Unknown to case, Not asked /Not answered